

Uncompensated Care Reimbursement Guidelines

Definitions:

Trauma Patient - a patient who presents at an eligible hospital and whose condition is qualified for entry into the hospital's Trauma Registry.

Uncompensated Care - total payment of 5% or less has been made on the total trauma-related charges after due diligence to collect.

Note:

Patient must qualify for trauma registry first to file for uncompensated care reimbursement.

Claims paid in any part by Medicaid may not be submitted.

Details:

Qualified Physicians:

- " General/Trauma Surgeons
- " Orthopedic Surgeons
- " Neurosurgeons
- " Anesthesiologists

Signed affidavit must be sent with claim (fax or mail)

How to Receive Reimbursement:

- 1) The reimbursed amount to the hospitals and physicians is sent from Horne CPA to the Office of Emergency Planning and Response.
- 2) The Office of Emergency Planning and Response then distributes checks for reimbursement for hospitals and physicians to the regions for disbursement.
- 3) The checks for reimbursement are cut from the regions to the hospitals and physicians.
- 4) EOB will accompany checks for allocation to individual accounts.

What are the Suggested Accounting Procedures?

- 1) Payment must be posted to individual accounts.
- 2) Segregate trauma accounts into separate financial class in bad debt classification.
- 3) Use flash or pop-up notes to alert posters.
- 4) Post reimbursement as collection balance.
- 5) Post entire amount, even if greater than charges.
- 6) Run periodic reports on financial class to check for other payments.

How to Pay Back the Fund:

- 1) Must reimburse region the lesser of the two amounts within 30 days:
 - " Amount paid by patient or insurance
 - " Amount reimbursed through Fund

- 2) Cover letter must include:
 - " Medical record # and dates of service
 - " Amount of payment was received
 - " Amount of reimbursement from Fund
 - " Amount of enclosed check

3) No statute of limitations

What is the Process for Writing Off Charges?

- 1) Internal collection efforts should be conducted in accordance with existing policies.
 - " May need to cease early to meet new deadlines.
- 2) Accounts can be:
 - " Written off to collections
 - " Written off to bad debt
 - " Must not be included in the A/R detail balances

Statistical Information:

- 1) E-codes: Coded into registry; describes incident that caused trauma
- 2) Type of injury:
 - " Blunt
 - " Penetrating
 - " Burn
- 3) Trauma Team activation: yes or no

What should go on the Hospital Form?

- 1) Hospital Name
- 2) Hospital Address
- 3) Trauma Region
- 4) Submitted by
- 5) Phone and Fax number
- 6) Trauma Center Level
- 7) E-mail address of person submitting information
- 8) Date information submitted on
- 9) Beginning date of service
- 10) Ending date of service (must be in year prior to submission)
- 11) Trauma registry number
- 12) DRG # or Non-IP
- 13) E-code (from registry)
- 14) Type of injury (blunt, penetrating, or burn)
- 15) Was trauma team activated? (Y or N)
- 16) Non-IP case result (use only discharge, expired, transferred or left AMA)
- 17) Total collections as of date of submission (must be 5 Or less gross charges)

- 18) Trauma Center authorized representative name and title and signature of this person
- 19) Contact information for qualified Surgeons and Anesthesiologists
- 20) Date signed

What is Classified as Non-Inpatient Cases?

- 1) Non-inpatient: any trauma patient that receives care at an eligible hospital and is not admitted as an inpatient.
 - " Write Non-IP in the DRG # or Non-IP column
 - " Non-IP case results limited to four choices
 - " Relative weight of 0.2000 will be used

What are the Trauma Centers Responsibilities?

- 1) Maintain trauma registry
- 2) Coordinate efforts between trauma registrar and hospital business office, medical records, and other departments
- 3) Populate all registry fields
- 4) Make sure Horne CPA Group has contact information for all qualified physicians

What are the Trauma Registrar Duties?

- 1) Provide trauma registry patient information to qualified physicians (not just indigent) ASAP
- 2) Start early for the next year; send quarterly or semi-annual reports for time management
- 3) Include trauma registry number for each patient

What Should go on the Surgeon (General, Orthopedic, and Neurosurgeon) Form?

- 1) Physician name
- 2) Specialty
- 3) Practice name
- 4) Address
- 5) Trauma Region
- 6) Hospital
- 7) Phone
- 8) Submitted by
- 9) Fax number
- 10) E-mail
- 11) Claim year
- 12) Date
- 13) Date of service
- 14) Trauma Registry number
- 15) CPT (one per line)
- 16) Modifier
- 17) Gross charges (one amount per code)
- 18) Gross collections must be 5% or less of Gross charges (one amount per patient)

- 19) Physician or authorized representative name and signature
- 20) Date signed

What are the requirements for Anesthesiology Reimbursement?

- 1) Only anesthesiologist who are financially affected by uncompensated claims may participate in the Fund
- 2) Examples of ineligible arrangements:
 - " Paid fixed salary only
 - " Paid only on percentage of gross
 - " Form includes ASA and CPT code columns
 - Use anesthesia code (xxxxx) for crosswalking to ASA base units
 - Only use CPT code if no anesthesia code is available (i.e. 36620 arterial line; 36489 CVP line)
 - Surgical CPT codes with no anesthesia code will not be considered
 - " Horne CPA Group will supply all ASA base units and CPT relative weights
- 3) List one total charge and one total collection amount for each patient
- 4) Disallowed:
 - " Qualifying circumstances codes (99100 - 99140)
 - " CRNA modifiers QX, QZ and G8
 - " Physical status codes (P1-P6) not considered

What Should go on the Anesthesia Reimbursement Form?

- 1) Physician name
- 2) Practice name
- 3) Address
- 4) Trauma Region
- 5) Hospital
- 6) Phone number
- 7) Submitted by
- 8) Fax number
- 9) E-mail
- 10) Claim year
- 11) Date
- 12) Date of service
- 13) Trauma registry number
- 14) Anesthesia code
- 15) CPT code (only if applicable)
- 16) Modifier
- 17) Time units (N/A if CPT) Do not enter actual minutes
- 18) Gross charges (one per code)
- 19) Gross collections (must be 5% or less of gross charges, one per patient)
- 20) Provider or authorized representative name and signature
- 21) Date signed

How to Submit Forms Electronically:

- 1) www.hcpag.com
- 2) Click on trauma reimbursement icon
- 3) Create user name and password
- 4) Enter hospital or practice data
- 5) Drop-down boxes have been provided
- 6) Program will prompt for missed information or warn of incorrect entries
- 7) Log off to save data and return to it later; submit when completed
- 8) Claims Description allows multiple physicians under one practice name
- 9) Only print affidavit page

For Questions Concerning Trauma Issues Such as:

- 1) Trauma regulations
- 2) Patient eligibility questions
- 3) Trauma Registry
- 4) Trauma One software
- 5) Trauma Center certification
- 6) Clinical issues

Contact:

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For Questions Concerning Forms and Reimbursement Issues Such as:

- 1) Forms
- 2) Distribution guidelines
- 3) Fund eligibility issues
- 4) Reimbursement issues

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